

Profile: 531
Appendix # 56BC
Division of Care and Treatment Services

Non-Resident - 997

It is further understood and agreed by both parties through this attachment to the CY 2018 "State and County Contract Covering Social Services and Community Programs" that:

I. Funds Provided/Period Covered

Funds will be approved on a quarterly basis. Contract level is for the period January 1, 2018, through December 31, 2018.

The total value of the Contract may be further amended at any point in its duration. An amendment to 2018 County appendix # BC from the Division of Care and Treatment Services Administrator will constitute agreement that the Contract has been amended to the new value.

II. Purpose and Service Conditions on the use of the Additional Funds

- A. These funds support emergency detention services provided to non-Wisconsin residents under s. 51.15, Stats. by County agencies, and obtaining reimbursement authorization for those services from the Department of Health and Family Services under the appropriation in s. 20.435(5)(da).

The following types of services provided to non-Wisconsin residents who are emergency detained are eligible for reimbursement from DHS from the appropriation under s. 20.435(5)(da), Stats.:

1. Medical clearance services from a medical hospital
2. An inpatient psychiatric or substance abuse treatment facility as appropriate
3. A crisis intervention program for persons with a mental illness and/or substance abuse issues
4. A community based treatment program appropriate to meet the person's crisis-related treatment needs
5. Transportation of the person to attend his or her applicable court hearings
6. Transportation and related expenses to return a person to his or her home state
7. Other needed services with approval from the Division of Care and Treatment Services such as, but not limited to, ambulance services in special situations.

- B. Reimbursement to counties may also apply to non-Wisconsin residents who voluntarily admit themselves to an inpatient psychiatric or substance abuse treatment facility in Wisconsin. However, this only applies when it can be demonstrated that he or she met the “Statutory Basis for Emergency Detention” criteria at the time of admission. Refer to WI Stats. (“Statutory Basis for Emergency Detention” under s.51.15 (1), Stats).

III. Fiscal Conditions on the Earning of the Additional Funds

To receive Department authorization for reimbursement of emergency detention services, the procedures under s. 51.20 (7), Stats. must be followed. Form F-20572, “Request for State Public Funding for Non-Residents” (attached), has been revised and must be used to request approval for reimbursement. The F-20572 form is available in an electronic version that can be obtained on the Department’s web site at <http://www.dhs.wisconsin.gov/forms/index.htm>. This electronic version may be easily completed on a computer by filling in the electronic field for each item on the form. The revised form may also be completed manually.

The total funds identified in this contract shall be considered as a fund against which the County may draw up to that maximum. These funds, however, shall be earned on a person-by-person basis.

IV. Fiscal and Client Reporting Conditions on the Use of the Additional Funds

- A. These additional funds and the clients served by them must be reported to the Department on the F-00642 (Profile #531) according to the schedule in the State/County Contract.
- B. Failure to report these funds and the clients served by them as specified above will result in the loss of these funds by the County and their repayment by the County to the Department.

V. Payment Procedures

The Department shall pay these funds in accordance with the State and County Contract.

Federal Award Information if Applicable

Federal Award Identification Number (FAIN):	
Federal award date:	
Amount of Federal funds obligated to the Subrecipient:	
Total amount of Federal award:	
Federal award project description:	
Name of Federal awarding agency, pass-through entity, and contract information for awarding official:	
Catalog of Federal Domestic Assistance (CFDA) #:	
CFDA Name:	
Indirect cost rate for the Federal award:	
Period of performance start date:	
Period of performance end date:	